Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
	Date of Public Distribution/Dissemination
Joshua J Huffman	M M / D D / Y Y Y Y Y
Mailing Address 211 Dixie Ave	11 07 2014 Amount
City State Zip Code	35.00
	Transaction ID : a8d2fb72-c332-4272-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 / 07 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disburs 259215.08 Disburs 2014	sement For: Primary
Full Name of Payee Heather A Smith	Date of Public Distribution/Dissemination
Tiedine 77 emili	11 07 2014
Mailing Address 995 Clairborne Rd	Amount
City State Zip Code	37.00
Calhoun LA 71225	Fransaction ID : 54f4d092-86c0-4584-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ O01	M = M / D = D / Y = Y = Y
Type	11 07 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
	sement For: Primary X General
Per Election for Office Sought 259215.08	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature [Electronically Filea] Date	05 2014

Schedule E)	PAGE 2 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Heather A Smith	
Mailing Address 995 Clairborne Rd Amount	07 2014
City State Zip Code	11.10
Calhoun LA 71225 Transact	ion ID : e6ad6bed-2bd1-4302-a Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M / D D / Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	or:
Alice K Salazar	
Mailing Address 605 W Houston St Amount	07 2014
City State Zip Code	50.00
Marshall TX 75633 Transaction Date of D	on ID : 1802d861-0520-43f3-a Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 11	
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu President	
Calendar Year-To-Date Per Election for Office Sought Disbursement Fe 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditures	61.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	101120	PAGE 3 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New repo	ort Amends report file	ed on
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St		Amount
City State	Zip Code	40.20
	75633	Transaction ID : c519f100-74f5-455b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	59215.08 Disl 201	bursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Laura U Logie		11 07 / Y Y Y Y
Mailing Address 2565 Shire Circle		Amount
City State Harrisonburg VA	Zip Code 22801	55.00 Transaction ID : 4b424736-23e8-4051-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 07 2014
Name of Federal Candidate	Support Offi	ce Sought: House District:00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	259215.08 Dis 201	bursement For: Primary
(a) CURTOTAL of Hamisad Indonesiant Eveneditures		05.00
(a) SUBTOTAL of Itemized Independent Expenditures	•	95.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	cally Filed] Date	11 09 2014
Signature		

Schedule E)	DENT EXTEND	ITOTILO		PAGE 4 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Donna S Wilson			11	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		10.00
Baton Rouge	LA	70816		D: 5d65a53a-2098-4ae9-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	2	259215.08	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Donna S Wilson			11	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4456 Country Hill Dr			Amount	
City	State	Zip Code		8.70
Baton Rouge	LA	70816		: 43cfbf3c-4ec3-4089-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures			18.70
			7	7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 09	2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 200330700
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Tammay Williams	11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St	Amount
City State Zip Code	70.00
New Orleans LA 70116	Transaction ID : 2192df3c-db3a-4225-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 259215.08	sbursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tammay Williams	11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St	Amount
City State Zip Code	15.00
New Orleans LA 70116	Transaction ID: 796cda1f-7912-4a45-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	Sbursement For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 09 2014
Signature	

Schedule E)	LIVI EXI END	THORIES	<u> </u>	AGE 6 OF 47 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee Antoinette Franklin				istribution/Dissemination
Mailing Address 8822 Apple St			11 /	07 2014
			Amount	
City	State	Zip Code		30.00
New Orleans	LA	70188		b5ac24ea-2eaf-4747-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (specified)	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Antoinette Franklin			M M /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		7.50
New Orleans	LA	70188		ed7d6f72-28bc-4e9b-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	259215.08	Disbursement For: 2014 Other (speci	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			37.50
, , , , , , , , , , , , , , , , , , , ,				7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	4
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09	2014
=				

Schedule E)	LIVI EXI END	HONES	PAGE 7 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cathy Longtin			11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amount
City	State	Zip Code	30.00
New Orleans	LA	70124	Transaction ID : f2864a16-0d6d-4bd8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 07 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cathy Longtin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave			Amount
City	State	Zip Code	4.50
New Orleans	LA	70124	Transaction ID : d8f4e9f8-09f1-4b55-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 07 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		34.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09 2014
J			

Sch	nedule E)	15	J. 1.2.5				PAGE 8 FOR SE OF		47 48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION		
W	omen Speak Out PAC						C00530766		
Che	ck if 24-hour report X 48-hour report New	report	Ame	nds repo	rt filed on	M = M /	D D /	YIYIY	Y
Т	Full Name of Payee Christopher L Gilbert				D	ate of Public	Distribution	'Disseminat	ion
	·					11 /	07	2014	Y
	Mailing Address 55 Lovell Johnson Rd				А	mount			
	City State	Zip	p Code					70	.00
	Picayune MS	39	9466				D: eb448f9f- rsement or C		-b
	Purpose of Expenditure Salary	С	Category/ Type	001		11 /	07	2014	
	Name of Federal Candidate		Sı	upport	Office So	ought:	House	District:	00
	Ms. Mary L Landrieu			ppose			Senate	State:l	LA
	Calendar Year-To-Date Per Election for Office Sought	2592	215.08		Disburse 2014	ment For: Other (spe	Primary ecify) ▶	K Ge	neral
	Full Name of Payee Christopher L Gilbert				D		Distribution		
-	Mailing Address 55 Lovell Johnson Rd					11	07	2014	
	55 Lovell Johnson Na				A	mount			
	City State	Ziŗ	p Code					43.8	30
	Picayune MS	39	9466		Tra	ansaction ID ate of Disbu	: 08633f47 - rsement or (3344-4f1b-8 Obligation	В
	Purpose of Expenditure Mileage	С	Category/ Type	002		11 /	07	2014	
	Name of Federal Candidate		Sı	upport	Office S	ce Sought: House District: 00		00	
	Ms. Mary L Landrieu		X	Oppose President X			Siale. —	LA	
	Calendar Year-To-Date Per Election for Office Sought	2	259215.08		Disburse 2014	ement For: Other (sp	Primary ecify) ▶	∕ ⊠ Ge	neral
(8	a) SUBTOTAL of Itemized Independent Expenditures							113.80	
					· -	1 1 7	7		=
1)	b) SUBTOTAL of Unitemized Independent Expenditures		••••••		• •	7	7		
(0	c) TOTAL Independent Expenditures				•				
W	Inder penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authoriarty committee) any political party committee or its agent.								
	Ms. Emily Buchanan [Elect	ctronical	lly Filed]	Date	M = M	/ 09	201	4	
	Signature								

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 9 FOR SE OF	OF 47 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y I Y I Y I Y
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/	/Dissemination
Mailing Address 9425 Jessica Drive			11 07	2014
			Amount	
City	State	Zip Code		65.00
Shreveport	LA	71106	Transaction ID : 17bfaeac Date of Disbursement or C	
Purpose of Expenditure Salary		Category/ Type 001	11 / 07	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		X Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution	/Dissemination
Gary W Fuhrmann			11 07	2014
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		10.20
Shreveport	LA	71106	Transaction ID : ff46ae2b-f Date of Disbursement or 0	
Purpose of Expenditure Mileage		Category/ Type 002	11 07	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expen	ditures			75.20
			7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cal party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09 Y Y 201	4
3.ga.a. 5				

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Francis Richardson	11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 220 Doucet Rd	Amount
	City State Zip Code	60.00
	Lafayette LA 70503	Transaction ID : d2dcae06-d8ea-442f-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 259215.08 Disbut 2014	rsement For: Primary X General
	Per Liection for Office Sought	Other (specify) >
	Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
	Mailing Address 220 Doucet Rd	11 07 2014
		Amount
	City State Zip Code	3.15
	Lafayette LA 70503	Transaction ID: 6c2d5096-e642-4463-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 07 7 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 259215.08	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	63.15
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	
	Signature	

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OF

Schedule E)	ENT EXILID	ITOTILO	<u> </u>	PAGE 11 OF 47 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D
Full Name of Payee			Date of Public [Distribution/Dissemination
Susan K Hamby			11 /	07 / 2014
Mailing Address 202 Violet St			Amount	
City	State	Zip Code		35.00
West Monroe	LA	71292		: 0de27ec7-0c58-42a3-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	259215.08	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Susan K Hamby			11	07 / 2014
Mailing Address 202 Violet St			Amount	
City	State	Zip Code		0.75
West Monroe	LA	71292		9e9e3230-4264-4b65-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			35.75
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7
(c) TOTAL Independent Expenditures			•	1 7 1 1 5 1
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 09	2014
- 3				

Schedule E)	ENT EXIEND	TIONES	—	AGE 12 OF 47 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
ERIC TABARY			11 /	07 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		60.00
METAIRIE	LA	70003		24a13de7-721a-4812-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
ERIC TABARY			11	07 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.50
METAIRIE	LA	70003		b77a4d6a-56ec-4174-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	259215.08	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			61.50
(a) Colored an income maspersach Empore			7	01.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09	2014
J				

Sched	lule E)	1 E/N E.1.5.			PAGE 13 OF 47 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
				M	M / D D / Y Y Y Y
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full	Name of Payee elicia A Jones				of Public Distribution/Dissemination
Mai	ling Address 4106 Martha St			Amou	11 07 2014
				Amou	ını
City	1	State	Zip Code		80.00
	reveport	LA	71109		saction ID: c535fb6a-2d57-4cbc-8 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		11 / 07 / 2014
Nar	ne of Federal Candidate		Support	Office Sough	nt: House District:00
Ms	. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	2	259215.08	Disbursemen 2014	nt For: Primary
	Name of Payee			Date	of Public Distribution/Dissemination
F	elicia A Jones				11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 4106 Martha St				11 01 2017
				Amou	ınt
City	1	State	Zip Code		8.10
	reveport	LA	71109		action ID: d5367dd9-7ff8-4136-a of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002		11 07 2014
Nar	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms	. Mary L Landrieu		X Oppose	Presid	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	259215.08	Disbursemer 2014	nt For:
(a) S	SUBTOTAL of Itemized Independent Expenditure)S		. •	88.10
(b) S	SUBTOTAL of Unitemized Independent Expendit	ures		· •	711717
(c) 1	TOTAL Independent Expenditures			· .	
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	ignature		_		

Schedule E)			101120		PAGE 14 OF 47 FOR SE OF FORM 24/48
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
					C 000000700
Check if 24-ho	our report X 48-hour re	eport New repo	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of F				Date of	f Public Distribution/Dissemination
Felicia A					11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	S 4106 Martha St			Amoun	!
City		State	Zip Code		80.00
Shreveport		LA	71109		ction ID : 772e4a99-5828-479a-b
Purpose of Exp	penditure		Category/ 001	M	f Disbursement or Obligation
			Type 001		11 07 2014
Name of Fede			Support	Office Sought:	House District:00
Ms. Mary L La	ndrieu		X Oppose	Preside	nt Senate State: LA
	Year-To-Date on for Office Sought	, 2	59215.08	Disbursement 2014 Otl	For: Primary
Full Name of F					f Public Distribution/Dissemination
Felicia A J	ones				11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	s 4106 Martha St				للنبا لنا ك
				Amoun	ıt .
City		State	Zip Code		8.10
Shreveport		LA	71109	Transac Date o	tion ID: 8af74281-9af4-46cf-9 f Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002		11 07 2014
Name of Fede	ral Candidate		Support	Office Sought	: House District:00
Ms. Mary L La	ndrieu		Oppose	Preside	nt Senate State: LA
	Year-To-Date on for Office Sought		259215.08	Disbursement 2014	For: Primary X General
	-				
(a) SUBTOTAL	of Itemized Independent E	xpenditures		•	88.10
(b) SUBTOTAL	of Unitemized Independen	t Expenditures			
(c) TOTAL Inde	pendent Expenditures			· .	7 7 7
with, or at the re		ny candidate or authorized			opperation, consultation, or concert ne reporting entity is not a political
Ms	. Emily Buchanan	[Electroni	ically Filed] Date	M = M /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_	١	

Schedule E)	EXI ENDI	101120		PAGE 15 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	X New repo	rt Amends repo	rt filed on	
Full Name of Payee Julia Perry				of Public Distribution/Dissemination
Mailing Address 2046 Perrin St Apt C				11 07 2014
20.000 0			Amour	nt
City	tate 2	Zip Code		70.00
- Childrepon	LA	71101		action ID: cb0527b7-1902-4e20-a If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 07 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	25	59215.08	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Julia Perry			M	11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amour	nt
l '	tate LA	Zip Code 71101	Transa	12.00 ction ID : 57b9429f-2bbc-4a49-b
Purpose of Expenditure				of Disbursement or Obligation
Mileage		Category/ Type 002		11 07 2014
Name of Federal Candidate	•	Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			•	82.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Electronic	cally Filed] Date	11 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	IVI EXI END	71101120		PAGE 16 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Billy Martin	,		Date of Pub	olic Distribution/Dissemination
Mailing Address 250 JS Brewton rd			Amount	07 2014
City	State	Zip Code		60.00
goldonna	LA	71031		n ID : 2f079117-9406-4a06-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee	<u> </u>		Date of Pub	olic Distribution/Dissemination
Billy Martin			M = M 11	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amount	
City	State	Zip Code		5.40
goldonna	LA	71031		ID: 839b4e0d-22a9-481f-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	259215.08	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	65.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures		.	
(c) TOTAL Independent Expenditures			-	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 11 09	
Signature				

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Jeanne Tribou	11 07 2014
Mailing Address 22369 Ponderosa Dr. An	mount
City State Zip Code	30.00
Mandeville LA 70471 Tra	ansaction ID: 768cb803-5f74-4582-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 07 2014
Name of Federal Candidate Support Office So	ought: House District:00
Ms Mary I Landrieu	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 259215.08 Disburser	
Full Name of Page	Other (specify) ►
Full Name of Payee Jeanne Tribou	ate of Public Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr. Ar	11 07 2014 mount
City State Zip Code	6.30
	ansaction ID : 6aecb8dd-14f4-4ad5-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 07 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 259215.08	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	36.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	09 2014
Signature	

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OF

Schedule E)		PAGE 18 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M - M / D - D / Y - Y - Y
Check if 24-hour report 48-hour report Ne	ew report Amends report fi	led on
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr		11 07 2014 Amount
City State	Zip Code	80.00
New Orleans LA	70126	Transaction ID: 87867504-e0b0-4c46-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr		11 07 2014
		Amount
City State	Zip Code	33.00
New Orleans LA	70126	Transaction ID : 6e5b6215-ee4d-41fb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
-		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	113.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
Ms. Emily Buchanan [El	lectronically Filed] Date	11 09 2014
Signature		

Schedule E)	W ENDITORIES	PAGE 19 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		O Control
Check if 24-hour report X 48-hour report	New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr		11 07 2014
Maining Addition 227 Lincoln Di		Amount
City State	e Zip Code	30.00
Bossier City LA	71111	Transaction ID : f17f6faf-8281-4709-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	259215.08 Disb 2014	ursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Philip Elkins		11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 227 Lincoln Dr		Amount
City Stat	e Zip Code	19.17
Bossier City LA	•	Transaction ID : ac7e1b47-475a-4845-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 07 / 2014
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	259215.08 Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		49.17
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eithe	
Ms. Emily Buchanan	[Electronically Filed] Date	11 09 2014
Signature		

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Evelyn Lesaicherre	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	ount
City State Zip Code	80.00
Metairie LA 70001 Tra	nsaction ID : 1e0eaa82-0c74-40ab-b e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 259215.08	
	Other (specify) ▶ te of Public Distribution/Dissemination
Evelyn Lesaicherre	11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	ount
City State Zip Code	9.90
	e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 D D / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Mary L Landrieu Oppose Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 259215.08	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	89.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)		IN EXILINA			PAGE 21 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (I					FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
					M M / D D / Y Y Y Y
Check if 24-hour repo	ort X 48-hour report	X New rep	ort Amends repo	ort filed on	
Full Name of Payee Hannah J Lanc	lry				of Public Distribution/Dissemination
Mailing Address 1110	N Coolidge			— L	11 07 2014
	TV Coolidge			Amou	unt
City		State	Zip Code		62.50
Gonzales		LA	70737		saction ID: 0e632478-5873-44ad-8 of Disbursement or Obligation
Purpose of Expenditur Salary	e		Category/ Type 001		11 07 2014
Name of Federal Cand	didate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu			X Oppose	Presid	lent Senate State: LA
Calendar Year-To- Per Election for C		· · · · · · · · · · · · · · · · · · ·	259215.08	Disbursemer 2014	nt For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Hannah J Landr	У				11 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11	10 N Coolidge				07 2514
	S			Amou	unt
City		State	Zip Code		9.24
Gonzales		LA	70737	Transa Date	action ID: c5c0a6bf-b952-4230-9 of Disbursement or Obligation
Purpose of Expenditure Mileage	e		Category/ Type 002	$\Box \mid [$	11 / 07 / 2014
Name of Federal Can	didate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu			Oppose	Presid	
Calendar Year-To- Per Election for C		-77	259215.08	Disbursemen 2014	nt For:
(a) SUBTOTAL of Item	ized Independent Expendit	ures		▶	71.74
(b) SUBTOTAL of Unite	emized Independent Expen	ditures		·· •	7 1 7 1 7
(c) TOTAL Independen	t Expenditures				
with, or at the request of		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily I	Buchanan	[Electron	ically Filed] Date	e 11 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	ENT EXIEND	TIONES		GE 22 OF 47 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on)
Full Name of Payee			Date of Public Di	stribution/Dissemination
Mary C Lee			M M /	07 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		62.50
Gonzales	LA	70737		9dc2c2c5-d9a7-4603-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	259215.08	Disbursement For: 2014 Other (specif	Primary ⊠ General y) ►
Full Name of Payee			Date of Public Di	stribution/Dissemination
Mary C Lee			11 /	07 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		9.24
Gonzales	LA	70737		lff3929b-964e-442a-b ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures			71.74
			7	7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M = M / D = D /	2014
•				

Schedule E)	ENT EXILID	TIONES	PAGE 23 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd			11 07 2014
			Amount
City	State	Zip Code	75.00
Carriere	MS	39426	Transaction ID: 8252e2e0-2bd8-4b24-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer F Gilbert			11 07 7 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount
City	State	Zip Code	36.90
Carriere	MS	39426	Transaction ID : 2d9123f2-8614-42c0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 07 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	259215.08	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		111.90
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		· •
(c) TOTAL Independent Expenditures			
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2.9			

Schedule E)	INI EXI END	ITOTILO		PAGE 24 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			M M /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		32.50
Walker	LA	70785		: 75ca358c-be3f-42cd-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	:	259215.08	Disbursement For: 2014 Other (spe	Primary ⊠ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			11 /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		14.40
Walker	LA	70785		: aa69f5de-fbbc-4124-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	259215.08	Disbursement For: 2014 Other (spe	Primary ∑ General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			46.90
			7	4 4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 09	2014
• • • • • • • • • • • • • • • • • • •				

Schedule E)	VI EXI END	ITOTILO	<u> </u>	PAGE 25 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			M M /	07 / 2014
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		32.50
Walker	LA	70785		: b9ba07d7-5fa3-466b-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ryan Drake			11	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		14.40
Walker	LA	70785		: 774d43f6-0a6c-49e3-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	07 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	259215.08	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			46.90
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expend	litures)	42
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 09	2014
•				

Schedule E)	INT EXI END	TIONES	PAGE 26 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee	<u></u>		Date of Public Distribution/Dissemination
Amanda Boley			11 08 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	62.50
charlotte	NC	28227	Transaction ID : 7e515753-644c-4bbc-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	259215.08	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			11 08 Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	19.59
charlotte	NC	28227	Transaction ID: 088978c1-7ff8-484a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	259215.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		82.09
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09 7 2014
-			

Schedule E)	ENT EXI END	TIONES	PAGE 27 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Leslie A Sowell			Date of Public Distribution/Dissemination
Mailing Address 126 Lincoln Way Lot 1			11 08 2014 Amount
City Longview	State TX	Zip Code 75603	45.00 Transaction ID : 4fab9ed7-4240-43f6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee Leslie A Sowell			Date of Public Distribution/Dissemination
			11 08 / Y Y Y Y Y Y
Mailing Address 126 Lincoln Way Lot 1			Amount
City	State	Zip Code	53.70
Longview	TX	75603	Transaction ID : eca6ecee-b762-43b1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	259215.08	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		98.70
(b) SUBTOTAL of Uniternized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09 / 2014

Schedule E)	INT EXI END	ITOTILO	<u> </u>	PAGE 28 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Janet Morris			11 /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 620 Old Barbome Rd Lot 2			Amount	
City	State	Zip Code		40.00
West Monroe	LA	71291		: 85f7d038-4705-45fc-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	259215.08	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Janet Morris			11	08 / 2014
Mailing Address 620 Old Barbome Rd Lot 2			Amount	
City	State	Zip Code		6.98
West Monroe	LA	71291		eb9e63f1-9c37-445d-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (spe	Primary X General cify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	46.98
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(a) contains a comment mappendent in inches			-	
(c) TOTAL Independent Expenditures)	45
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 09	2014

Schedule E)	ENT EXICID	ITORES	PAGE 29 OF 47 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	
Susan K Hamby			11 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 202 Violet St			Amount	
City	State	Zip Code	30.00	
West Monroe	LA	71292	Transaction ID: a04ca3a1-8169-405e-a Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		X Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary X Gener 2014	al
Full Name of Payee			Date of Public Distribution/Dissemination	1
Susan K Hamby			11 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 202 Violet St			Amount	
City	State	Zip Code	2.40	
West Monroe	LA	71292	Transaction ID: 4dd1f346-4465-4b77-a Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		Oppose	President X Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary	ral
(a) SUBTOTAL of Itemized Independent Expendent	litures		32.40	
			7 7 7	-
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ididate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
g				

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVO	men Speak Out PAC	C C00530766
Check	a if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dab / Yayayay
Fu	III Name of Payee Vanessa E Ecuyer	Date of Public Distribution/Dissemination
	·	11 08 2014
M	ailing Address 3738 Woodland Ridge Blvd	Amount
Ci	ity State Zip Code	16.70
В	Baton Rouge LA 70816	Transaction ID: 61e93f73-b44d-4e2f-b Date of Disbursement or Obligation
	urpose of Expenditure Salary Category/ Type 001	11 08 2014
Na	ame of Federal Candidate Support Office	Sought: House District: 00
N	As. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary
	ull Name of Payee Charleen Ecuyer	Date of Public Distribution/Dissemination
М	lailing Address 3738 Woodland Ridge Blvd	11 08 2014 Amount
С	ity State Zip Code	16.70
E	Saton Rouge LA 70816	Transaction ID: 19f32c4d-0051-4056-9 Date of Disbursement or Obligation
	urpose of Expenditure Salary Category/ Type 001	11 08 2014
N	ame of Federal Candidate Support Office	Sought: House District: 00
N	As. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	33.40
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	1 7 1 7 1 7
with	der penalty of perjury I certify that the independent expenditures reported herein were not man, or at the request or suggestion of, any candidate or authorized committee or agent of either, ty committee) any political party committee or its agent.	
_	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Oignature	

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OF

Schedule E)	AT ENDITORIES	PAGE 31 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd		11 08 2014 Amount
City Sta	te Zip Code	3.30
Baton Rouge LA	•	Transaction ID : 9af06b87-ad9b-4399-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	259215.08 Disk 2014	oursement For:
Full Name of Payee Tabitha M Ecuyer		Date of Public Distribution/Dissemination 11 08 2014
Mailing Address 3738 Woodland Ridge Blvd		Amount
City	te Zip Code	16.70
Baton Rouge L/	70816	Transaction ID: 192fa1b2-5c2f-4196-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 08 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	259215.08 Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	>	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	INI EXPEN	DITUNES	PAGE 32 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd			11
City	State	Zip Code	16.70
Baton Rouge	LA	70816	Transaction ID: 98348bec-3ec8-40d4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 08 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sandra C Montalbano			11 08 2014
Mailing Address 4177 Lowerline St			Amount
City	State	Zip Code	15.00
Slidell	LA	70461	Transaction ID : eb04c116-0bf9-41c0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-	259215.08	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		31.70
(-,			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authoriz		
Ms. Emily Buchanan	[Electr	onically Filed] Date	11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	EXI END			PAGE 33 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee Sandra C Montalbano				f Public Distribution/Dissemination
Mailing Address 4177 Lowerline St				11 08 2014
4117 Lowelinie Gt			Amour	nt
City	State	Zip Code	 :	0.90
Slidell	LA	70461		action ID: a2243663-f800-47b8-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 08 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , 2	259215.08	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Gary W Fuhrmann				11 08 2014
Mailing Address 9425 Jessica Drive				
			Amour	nt
City	State	Zip Code		87.50
Shreveport	LA	71106	Transac Date o	ction ID: 09608c25-6a8a-4e39-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 08 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	259215.08	Disbursement 2014 Ot	t For: Primary X General
-				
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	88.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· • [
(a) TOTAL Independent Europeditures				
(c) TOTAL Independent Expenditures			· •	75 75 75
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	09 2014
Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Gary W Fuhrmann	11 08 2014
	Mailing Address 9425 Jessica Drive	Amount
	City State Zip Code	10.80
	Shreveport LA 71106	Transaction ID : 66f8169a-7b0e-4a4d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	11 08 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 259215.08 Disbut 259215.08	ursement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee Lesley Lennox	Date of Public Distribution/Dissemination
	Mailing Address 2305 Cleary Ave	11 08 2014 Amount
		, mount
	City State Zip Code	10.00
	Metairie LA 70001	Transaction ID: 756f845f-3ffd-4e89-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	11 08 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 259215.08	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	20.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 09 2014
	Signature	

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OF

Schedule E)	LIVI EXI END	TIONES	PAGE 35 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			11 08 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	1.20
Metairie	LA	70001	Transaction ID: 72e8b5f0-49ea-437b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	259215.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			11 08 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	15.00
Lafayette	LA	70503	Transaction ID: 90a8fda6-ead2-4b88-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		16.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09 / 2014
-			

Schedule E)	LAFLINDI	TONES		PAGE 36 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/
Full Name of Payee Francis Richardson			Date of F	Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			11	08 2014
			Amount	
City	tate	Zip Code	TI::	3.06
Lafayette	LA	70503		ion ID: 157c5dd4-8e9a-4779-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	59215.08	Disbursement For 2014 Othe	or: Primary ⊠ General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Jeanne Tribou			M 11	
Mailing Address 22369 Ponderosa Dr.			Amount	
City	tate	Zip Code		30.00
	LA	70471		on ID: 30a0019c-5370-4639-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				33.06
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	s		· •	7
(c) TOTAL Independent Expenditures			.	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M / D	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INT EXI END	TTOTILO	PAGE 37 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER V
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			11 08 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	6.60
Mandeville	LA	70471	Transaction ID : ed3fc950-9cf8-4c73-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	:	259215.08	Disbursement For: Primary Genera 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Windy Hageman			11 08 2014
Mailing Address 5521 Randolph St.			Amount
City	State	Zip Code	30.00
Marrero	LA	70072	Transaction ID : 78cb5f4e-22b9-41e6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-55	259215.08	Disbursement For: Primary ☐ General 2014 General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 36.60
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 11 09 7 2014
2.9			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Windy Hageman	11 08 2014
Mailing Address 5521 Randolph St.	mount
City State Zip Code	2.10
Marrero LA 70072 Tr	ransaction ID: 7eb400e2-b1f4-49d2-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 08 2014
Name of Federal Candidate Support Office So	ought: House District:00
Ms. Mary L Landrieu Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 259215.08 Disburser 2014	ment For: Primary General
Full Name of Payer	Other (specify)
Full Name of Payee Felicia A Jones	ate of Public Distribution/Dissemination 11 08 2014
Mailing Address 4106 Martha St	11 08 2014 mount
City State Zip Code	90.00
	ansaction ID : 4a10fe0a-3442-4478-b ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 11 08 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse: 259215.08 Disburse: 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	92.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	L/((L. (L.	101120		PAGE 39 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	/ M / D = D / Y = Y = Y
Full Name of Payee Felicia A Jones				of Public Distribution/Dissemination
Mailing Address 4106 Martha St				11 08 2014
			Amou	unt
1 ,	State	Zip Code	L.	9.60
G676p6.1	LA	71109		saction ID: 451e3ced-505f-43f7-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 08 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		X Oppose	Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	259215.08	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
ERIC TABARY				11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amou	unt
City	State	Zip Code		70.00
METAIRIE	LA	70003	Transa Date	action ID: 83d415db-9b4f-46f3-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 08 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	lent State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	79.60
			· 🗀	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	s		··· >	7
(c) TOTAL Independent Expenditures			··· •	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Dat	e 11	09 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature				

Schedule E)	DEITI EXI EITD	ITORES	PAGE 40 O FOR SE OF FORI	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	JMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	t filed on	Y Y Y
Full Name of Payee			Date of Public Distribution/Disser	mination
ERIC TABARY				2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.50
METAIRIE	LA	70003	Transaction ID : db73d3a1-1857 Date of Disbursement or Obligat	
Purpose of Expenditure Mileage		Category/ Type 002		^y 2014
Name of Federal Candidate		Support	Office Sought: House District	t:00
Ms. Mary L Landrieu		X Oppose	President Senate State	e: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disse	mination
Heather Ainsworth				2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		80.00
Keithville	LA	71047	Transaction ID: 7168cf58-7900-4 Date of Disbursement or Obligat	
Purpose of Expenditure Salary		Category/ Type 001		2014 Y
Name of Federal Candidate		Support	Office Sought: House District	et:00
Ms. Mary L Landrieu		Oppose	President State State	_
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expe	nditures			31.50
			7 7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	-
(c) TOTAL Independent Expenditures			·	<u> </u>
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09 2014	
-				

Schedule E)	INT EXI END	THORIES	<u> </u>	PAGE 41 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Heather Ainsworth			M - M /	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		21.00
Keithville	LA	71047		: 980aad89-5008-4cb8-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	259215.08	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			11 /	08 / 2014
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		60.00
Shreveport	LA	71119		: 652927a0-7561-4b63-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	259215.08	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			81.00
(-,			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	42
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 09	2014

Schedule E)	LAFLINDI	TUNES	_	PAGE 42 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Lilly Green			Date of Public I	Distribution/Dissemination
Mailing Address 205 Medallion Circle				08 2014
205 iviedaillon Circle			Amount	
City	State	Zip Code		55.20
Shreveport	LA	71119	Transaction ID	: 51f94b0b-935b-4958-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	59215.08	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Gregory Green			11 /	08 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		60.00
Shreveport	LA	71104		01576900-a9e3-4378-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditures				115.20
(-)			7	7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	4 4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	11 / 09	2014
Signature				

Schedule E)	PAGE 43 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M M / D D / Y Y Y Y Y Y Y Y Y
Full Name of Payee Date Gregory Green	e of Public Distribution/Dissemination
Mailing Address 2506 Bolch Street	11 08 7 2014
Amo	ount
City State Zip Code	15.60
Date	nsaction ID : 5cdf1e71-23e3-43ef-a e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	11 08 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Me Mary Llandriau	ident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 2014	ent For:
	te of Public Distribution/Dissemination
Sheri J Peace	11 08 2014
Mailing Address 9685 Paula St	
Amo	ount
City State Zip Code	80.00
Date	e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 08 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Mary L Landrieu Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 259215.08	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	95.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	09 2014
Signature	

Schedule E)	VI EXI EIVE	ITOTIES	<u> </u>	AGE 44 OF 47 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Sheri J Peace			11 / I	08 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		20.40
Keithville	LA	71047	I	: 0d5b4aef-d0ee-4f75-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	259215.08	Disbursement For: 2014 Other (special)	Primary X General
Full Name of Payee			Date of Public D	Distribution/Dissemination
Cynthia N Schmit			M M / 11	08 / 2014
Mailing Address 2226 Taft Circle Apt 1			Amount	
City	State	Zip Code		20.00
Winchester	VA	22601		10e82493-fe73-4a49-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	259215.08	Disbursement For: 2014 Other (spec	Primary X General ify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			40.40
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 09	2014
3				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Laura U Logie	11 08 2014
Mailing Address 2565 Shire Circle	Amount
City State Zip Code	50.00
Harrisonburg VA 22801	Transaction ID : da7ffd70-0d51-4036-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	11 08 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Display: 259215.08	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Theresa a Youngblood	11 08 2014
Mailing Address 102 S Main Street Apt A2	Amount
City State Zip Code	75.00
Berryville VA 22611	Transaction ID: 8b50232d-eaa6-4a17-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	125.00
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	JENT EXI END	THORIES	PAGE 46 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carl Brent			11 08 2014
Mailing Address 6718 Lake Willow Dr			Amount
City	State	Zip Code	80.00
New Orleans	LA	70126	Transaction ID: e8173aa9-7bd5-4bff-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carl Brent			11 08 2014
Mailing Address 6718 Lake Willow Dr			Amount
City	State	Zip Code	15.00
New Orleans	LA	70126	Transaction ID : 7ae2e8c3-6f8d-48bc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		95.00
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
y			

Schedule E)	INI EXI END	HONES	PAGE 47 OF 47 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr			11 08 2014 Amount
City	State	Zip Code	30.00
Bossier City	LA	71111	Transaction ID : 621d34b9-7b15-4dea-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	259215.08	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination
Mailing Address 227 Lincoln Dr			11 08 2014 Amount
City	State	Zip Code	14.19
Bossier City	LA	71111	Transaction ID : d14935f1-8d38-4f9e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		259215.08	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 44.19
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
(c) TOTAL Independent Expenditures			3104.47
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 11 09 7 2014
o.g.iataro			